



AOS-0034

*National  
Environmental  
Achievement Track*

*Application Form*

S.W. D. Inc.

Name of facility

Name of parent company (if any)

910 Stiles Dr.

Street address

Street address (cont.)

Addison, IL 60101

City/State/Zip code

Give us information about your contact person for the  
National Environmental Achievement Track Program.

Name

Tim Delawder

Title

V.P. of Operations

Phone

630-543-3003

Fax

630-543-3028

E-mail

tim@swdinc.com

***Why do we need this information?***

EPA needs background information on your facility to evaluate your application.

***What do you need to do?***

- Provide background information on your facility.
- Identify your environmental requirements.

# Section A

*Tell us about your facility.*

1 What do you do or make at your facility?

We are a metal  
finishing and fastener  
sorting company.

2 List the Standard Industrial Classification (SIC) code(s) or North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

SIC

3417

NAICS

332813

3 Does your company meet the Small Business Administration definition of a small business for your sector?



Yes



No

4 How many employees (full-time equivalents) currently work at your facility?



Fewer than 50



50-99



100-499



500-1,000



More than 1,000

## Section A, continued

5 Does your facility have an EPA ID number(s) ?

☒ Yes ☐ No

If yes, list in the right-hand column.

IEPA Air Permit #043005ALN  
 Village of Addison Discharge  
 Permit #IPT950016  
 IEPA Water Pollution Control  
 Permit #1995-EE-2705

6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right **or** enclose a completed Checklist with your application.

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7 Check the appropriate box in the right-hand column.

☐ I've listed the requirements above.

☒ I've enclosed the Checklist with my application.

8 Optional: Is there anything else you would like to tell us about your facility?

We were the first metal finisher in the U.S. to become ISO14001 certified. We successfully completed the 33/50 program and received the hammer award from Al Gore. We received the Governor's Award for pollution prevention in 1999. We recently received the Gold Level Award for the Strategic Goals Program. We also participate in the Multi-State-Work-Group.

*Why do we need this information?*

Facilities must have an operating Environmental Management System (EMS) that meets certain requirements.

*What do you need to do?*

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

# Section B

*Tell us about your EMS.*

- 1 Check **yes** if your EMS meets the requirements for each element below as defined in the instructions.

a. Environmental policy \_\_\_\_\_ ☒ Yes

b. Planning \_\_\_\_\_ ☒ Yes

c. Implementation and operation \_\_\_\_\_ ☒ Yes

d. Checking and corrective action \_\_\_\_\_ ☒ Yes

e. Management review \_\_\_\_\_ ☒ Yes

- 2 Have you completed at least one EMS cycle (plan-do-check-act)? ☒ Yes

- 3 Did this cycle include both an EMS and a compliance audit? ☒ Yes

- 4 Have you completed an objective self-assessment or third-party assessment of your EMS? ☒ Yes

If yes, what method of EMS assessment did you use?

☐ Self-assessment

☐ GEMI ☐ Other

☐ CEMP \_\_\_\_\_

☒ Third-party assessment

☒ ISO 14001 Certification

☐ Other \_\_\_\_\_

# Section C

## Why do we need this information?

Facilities must show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

## What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

*Tell us about your past achievements and future commitments.*

- 1 Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

**Note to small facilities:** If you qualify as a small facility as defined in the instructions, you are required to report past achievement for at least one environmental aspect.

### First aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Discharges to Water	1.16	Average PPM	.41	Average PPM
<p>i. How is the current level an improvement over the previous level?</p> <p>We have decreased the amount of copper discharged in our effluent. The POTW now has less point source copper to contend with.</p>				
<p>ii. How did you achieve this improvement?</p> <p>We talked with different waste treatment consultants to find how to lower our solubilized copper. We started adding ferrous chloride to our first reactor tank which acts as a co-precipitant for all metals of concern.</p>				

## Section C, continued

### Second aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)?		What is the current level?	
	Quantity	Units	Quantity	Units
Fresh Water Usage	34,000	GPD average	21,000	GPD average
<p>i. How is the current level an improvement over the previous level?</p> <p><u>We are using less fresh water to process more pounds of parts.</u></p>				
<p>ii. How did you achieve this improvement?</p> <p><u>We replaced some of the fresh water with re-use water in our rinse tanks. Re-use water is water that has been through waste treatment.</u></p>				

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

**Note to small facilities:** If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

### First aspect you've selected

a. What is the aspect?

Hazardous Materials Use

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☐ Option A: Absolute value

☒ Option B: In terms of units of production or output

(Quantity/Units)  
6,017,633 # passivated  
164,475 # of Nitric  
 (Quantity/Units)

## Section C, continued

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of units  
of production  
or output

10% more production  
(Quantity/Units)  
Same amount  
of Nitric

e. How will you achieve this improvement?

Investigate different filters  
to extend the life of the  
nitric acid.

### Second aspect you've selected

a. What is the aspect?

Energy Use

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute level or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of units  
of production  
or output

69,481,000 # processed  
2,345,160 KWh  
(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of units  
of production  
or output

5-8% more processing  
Same KWh  
(Quantity/Units)

e. How will you achieve this improvement?

More efficient use of our  
electrical energy by replacing motors with more efficient ones  
and by turning off equipment not in use. Since 1996 we have  
already reduced our electrical energy used per pound of  
production by 12%.

## Section C, continued

### Third aspect you've selected

a. What is the aspect?

b. Is this aspect identified as significant in your EMS?

☐ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☐ Option A: Absolute value \_\_\_\_\_  
(Quantity/Units)

☐ Option B: In terms of units of production or output \_\_\_\_\_  
(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☐ Option A: Absolute value \_\_\_\_\_  
(Quantity/Units)

☐ Option B: In terms of units of production or output \_\_\_\_\_  
(Quantity/Units)

e. How will you achieve this improvement?

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### Fourth aspect you've selected

a. What is the aspect?

b. Is this aspect identified as significant in your EMS?

☐ Yes ☐ No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

☐ Option A: Absolute value \_\_\_\_\_  
(Quantity/Units)

☐ Option B: In terms of units of production or output \_\_\_\_\_  
(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

☐ Option A: Absolute value \_\_\_\_\_  
(Quantity/Units)

☐ Option B: In terms of units of production or output \_\_\_\_\_  
(Quantity/Units)

e. How will you achieve this improvement?

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### *Why do we need this information?*

Facilities must demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

## *Section D*

*Tell us about your public outreach and reporting.*

### *What do you need to do?*

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

1 How do you identify and respond to community concerns?

We are involved in or participate on the Commercial and Industrial commission, the board of the Addison Association of Industry & Commerce, attending village board meetings, and regular meetings with the fire dept.

2 How do you inform community members of important matters that affect them?

We have had articles published in the following: Addison Press, Chicago Nut & Bolt, Plating and Surface Finishing, The Daily Herald, Job Shop Technology, Pollution Engineering, CMFI, AESF, & IEPA's Environmental Progress.

3 How will you make the Achievement Track Annual Performance Report available to the public?

☒ Website www.swdinc.com

☒ Newspaper

☐ Open Houses

☒ Other

Through Associations

## Section D, continued

4 Are there any ongoing citizen suits against your facility?

☐ Yes

☒ No

If yes, describe briefly in the right-hand column.

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5 List references below.

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	Citizens for a Better Environment	Ms. Joanna Hoelscher	312- 939-1530
State/Local regulator	Village of Addison Environmental Services	Rick Federighi	630- 279-2140
Other community/local reference	Village of Addison Fire Chief	Tim Deutschle	630- 628-3100

# Section E

## Application and Participation Statement

On behalf of S.W.D. Inc.  
[my facility],

I certify that

- I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;
- I have personally examined and am familiar with the information contained in this Application (including, if attached, the Environmental Requirements Checklist). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all applicable federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the legal entity whose facility is applying to this program.

Signature/Date

Timothy C. Dela

Printed Name/Title

Timothy C. Dela

Facility Name

S.W.D. Inc

Facility Street Address

910 Stiles

Facility ID Numbers

36-



ISO 14001  
TUV CERTIFIED

ISO 9000  
TUV CERTIFIED



FASTENER SORTING CORP.

Please call #  
for complete Fed. I.D. #  
Jim



**PROCEDURE # 1 -- 02**

**HANDLING OF ENVIRONMENTAL REGULATORY REQUIREMENTS**

**1. PURPOSE**

The purpose for the handling of regulatory requirements is to assist the management team to identifying and complying with applicable regulatory requirements.

**2. SCOPE**

- 2.1** This procedure covers the identification, analysis and actions needed to comply with applicable regulatory requirements.
- 2.2** This procedure covers regulations at the international, national/federal, state, regional and local levels of the government.

**3. RESPONSIBILITY**

- 3.1** It is the responsibility of the President, VP Metal Finishing, VP of Operations, and Lab Manager, & Waste Treatment Supervisor, to identify and analyze environmental regulations.
- 3.2** Outside consultants will aid in identifying and assist with regulatory interpretations.
- 3.3** It is the responsibility of all employees to comply with the identified regulations.

**4. PROCEDURE**

- 4.1** Determination of the Type of Regulatory Requirements to Be Identified.  
Any regulation that applies to the operation will be identified. This may include international, federal, state, regional and local regulations. At each level of government there will be several different regulations.  
The types of regulatory requirements which will be identified are of all government levels and in all segments of the environment. This includes legislation that covers the protection of air, water, land and natural resources.

UNCONTROLLED COPY

PROCEDURE # 1 -- 02

**HANDLING OF ENVIRONMENTAL REGULATORY REQUIREMENTS**

4.2 The required legal environmental reports with due date and agencies follows:

<u>Report</u>	<u>Due date</u>	<u>Agency</u>	<u>Responsibility</u>
<u>Addison Discharge Monitoring Report</u>	January 15th April 16th July 15th October 15th	Village of Addison	Outside Certified Consultant

*Regulation: 40 CFR433.17  
Addison Village Ordinance 0 – 94 – 72  
Permit # IPT 950016*

<u>Tier II Report</u>	March 1st	Addison Fire Dept. Dupage County IEPA	Outside Certified Consultant
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*Regulation: Title III of the superfund Amendments and Reauthorization Act ( SARA ) of 1986, Section 312, Public Law 99-499.  
40 CFR Part 370.41*

<u>Annual Air Emissions Report</u>	May 1st	IEPA	Outside Certified Consultant
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*Regulation: Clean Air Act ( 1990 ), Section 182 (a)(3)(B)  
35 Illinois Administrative Code (IAC) Sections:  
210.302 (a)  
201.302 (b)  
254*

PROCEDURE # 1 -- 02

**HANDLING OF ENVIRONMENTAL REGULATORY REQUIREMENTS**

<u>Report</u>	<u>Due date</u>	<u>Agency</u>	<u>Responsibility</u>
<u>Toxic Chemical Release Report ( Form – R )</u>	July 1st	USEPA IEPA	Outside Certified Consultant

*Regulation: Title III of the superfund Amendments and Reauthorization Act ( SARA ) of 1986, Section 312, Public Law 99-499.  
40 CFR Part 372*

<u>Illinois Toxic Air Contaminant Report</u>	October 1st	IEPA	Outside Certified Consultant
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*Regulation: 35 IAC Part 232 Subpart D*

**4.2 Impacts**

A list of major areas of the environment impacted by the operation, that is air, water, soil, wildlife, land, and so forth, will be made. The list will also include major types of waste that the operation generates, such as non hazardous waste, paper, steel, aluminum, and so forth.

**4.3 Agency Lists**

A check of the numerous agency lists that are available will be made. If the operation impacts a component of the environment or generates waste, the corresponding agency should be consulted since they enforce the regulation that applies. Outside consultants continuously monitor the numerous agencies that are available along with NAMF\*, CMFI\*\*, and AESF\*\*\*.

**4.4 Regulatory Services**

A regulatory service, library or a contact to the agency will be made to get copies of their regulations. Outside consultants will be asked if they know of other regulations or agencies that might pertain. All levels of government will be checked to see if they have regulations that apply.

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**PROCEDURE # 1 -- 02**

**HANDLING OF ENVIRONMENTAL REGULATORY REQUIREMENTS**

**5. RELATED DOCUMENTS**

**5.1 Regulations**

**5.2 Laws and Acts**

**5.3 Monitoring Data to Illustrate Compliance**

**5.4 Permits and Permit Applications**

**5.5 Plans Required by Regulations**

**\*NAMF - National Association of Metal Finishers.**

**\*\*CMFI - Chicago Metal Finishers Institute.**

**\*\*\*AESF - American Electroplating and Surface Finishing Society.**

**5.6 List of Relevant Agencies # 1 - 02 - 01**

**UNCONTROLLED COPY**



### Third aspect you've selected

a. What is the aspect?

Total Water Use

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state

this as an absolute value or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of  
units of production  
or output

6,784,000 gallons

(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state

this as an absolute value or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of  
units of production  
or output

10% reduction per pound processed

e. How will you achieve this improvement?

By finding ways to reuse more water after waste treatment, and with conductivity controllers on rinse tanks to control water quality.

### Fourth aspect you've selected

a. What is the aspect?

Waste

b. Is this aspect identified as significant in your EMS?

☒ Yes ☐ No

c. What is the current level? You may choose to state

this as an absolute value or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of  
units of production  
or output

1,152,000 #

(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state

this as an absolute value or in terms of units of production or output.

☐ Option A:  
Absolute value

(Quantity/Units)

☒ Option B:  
In terms of  
units of production  
or output

5% reduction for the same production

e. Reduction will happen by using less chemistry in waste treatment for metals precipitation

# National Environmental Achievement Track

## Environmental Requirements Checklist

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility, " Question 6.* The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility. .

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

Facility Name:

S.W.D. Inc.

Facility Location:

910 Stiles Dr., Addison IL

Facility ID Number(s):

(attach additional sheets if necessary)

### Air Pollution Regulations

Check All  
That Apply

- |     |  |                                     |
|-----|--|-------------------------------------|
| 1.  | National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input type="checkbox"/>            |
| 2.  | Permits and Registration of Air Pollution Sources                    | <input checked="" type="checkbox"/> |
| 3.  | General Emission Standards, Prohibitions and Restrictions            | <input checked="" type="checkbox"/> |
| 4.  | Control of Incinerators  | <input type="checkbox"/>            |
| 5.  | Process Industry Emission Standards                                  | <input type="checkbox"/>            |
| 6.  | Control of Fuel Burning Equipment                                    | <input type="checkbox"/>            |
| 7.  | Control of VOCs  | <input type="checkbox"/>            |
| 8.  | Sampling, Testing and Reporting                                      | <input type="checkbox"/>            |
| 9.  | Visible Emissions Standards  | <input type="checkbox"/>            |
| 10. | Control of Fugitive Dust   | <input checked="" type="checkbox"/> |
| 11. | Toxic Air Pollutants Control   | <input checked="" type="checkbox"/> |
| 12. | Vehicle Emissions Inspections and Testing                            | <input checked="" type="checkbox"/> |

Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (identify)

- |     |       |                          |
|-----|-------|--------------------------|
| 13. | _____ | <input type="checkbox"/> |
| 14. | _____ | <input type="checkbox"/> |

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### **Hazardous Waste Management Regulations**

- |    |  |                          |
|----|--|--------------------------|
| 1. | Identification and Listing of Hazardous Waste (40 CFR 261)   | <input type="checkbox"/> |
|    | - Characteristic Waste   | <input type="checkbox"/> |
|    | - Listed Waste   | <input type="checkbox"/> |
| 2. | Standards Applicable to Generators of Hazardous Waste (40 CFR 262)   | <input type="checkbox"/> |
|    | - Manifesting  | <input type="checkbox"/> |
|    | - Pre-transport requirements   | <input type="checkbox"/> |
|    | - Record keeping/reporting   | <input type="checkbox"/> |
| 3. | Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)                                       | <input type="checkbox"/> |
|    | - Transfer facility requirements   | <input type="checkbox"/> |
|    | - Manifest system and record-keeping   | <input type="checkbox"/> |
|    | - Hazardous waste discharges   | <input type="checkbox"/> |
| 4. | Standards for Owners and Operators of TSD Facilities (40 CFR 264)  | <input type="checkbox"/> |
|    | - General facility standards   | <input type="checkbox"/> |
|    | - Preparedness and prevention  | <input type="checkbox"/> |
|    | - Contingency plan and emergency procedures  | <input type="checkbox"/> |
|    | - Manifest system, Record keeping and reporting  | <input type="checkbox"/> |
|    | - Groundwater protection   | <input type="checkbox"/> |
|    | - Financial requirements   | <input type="checkbox"/> |
|    | - Use and management of containers   | <input type="checkbox"/> |
|    | - Tanks  | <input type="checkbox"/> |
|    | - Waste piles  | <input type="checkbox"/> |
|    | - Land treatment   | <input type="checkbox"/> |
|    | - Incinerators   | <input type="checkbox"/> |
| 5. | Interim Status Standards for TSD Owners and Operators (40 CFR 265)   | <input type="checkbox"/> |
| 6. | Interim Standards for Owners and Operators of New Hazardous Waste<br>Land Disposal Facilities (40 CFR 267) | <input type="checkbox"/> |
| 7. | Administered Permit Program (Part B) (40 CFR 270)  | <input type="checkbox"/> |

**Other Federal, State, Tribal or Local Hazardous Waste Management Regulations Not Listed Above (*identify*)**

- |    |       |                          |
|----|-------|--------------------------|
| 8. | _____ | <input type="checkbox"/> |
| 9. | _____ | <input type="checkbox"/> |

### **Hazardous Materials Management**

- |    |  |                                     |
|----|--|-------------------------------------|
| 1. | Control of Pollution by Oil and Hazardous Substances (33 CFR 153)                                  | <input type="checkbox"/>            |
| 2. | Designation of Reportable Quantities and Notification of Hazardous<br>Materials Spill (40 CFR 302) | <input checked="" type="checkbox"/> |
| 3. | Hazardous Materials Transportation Regulations (49 CFR 172-173)                                    | <input checked="" type="checkbox"/> |
| 4. | Worker Right-to-Know Regulations (29 CFR 1910.1200)  | <input checked="" type="checkbox"/> |
| 5. | Community Right-to-Know Regulations (40 CFR 350-372)   | <input checked="" type="checkbox"/> |

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**Other Federal, State, Tribal or Local Hazardous Materials Management Regulations Not Listed Above (*identify*)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Solid Waste Management**

- |    |   |                                     |
|----|---|-------------------------------------|
| 1. | Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257) | <input type="checkbox"/>            |
| 2. | Permit Requirements for Solid Waste Disposal Facilities                                   | <input type="checkbox"/>            |
| 3. | Installation of Systems of Refuse Disposal  | <input type="checkbox"/>            |
| 4. | Solid Waste Storage and Removal Requirements  | <input type="checkbox"/>            |
| 5. | Disposal Requirements for Special Wastes  | <input checked="" type="checkbox"/> |

**Other Federal, State, Tribal or Local Solid Waste Management Regulations Not Listed Above (*identify*)**

6. \_\_\_\_\_ ☐
7. \_\_\_\_\_ ☐

**Water Pollution Control Requirements**

- |     |   |                                     |
|-----|---|-------------------------------------|
| 1.  | Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)                                | <input type="checkbox"/>            |
| 2.  | Designation of Hazardous Substances (40 CFR 116)  | <input type="checkbox"/>            |
| 3.  | Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)                        | <input type="checkbox"/>            |
| 4.  | NPDES Permit Requirements (40 CFR 122)  | <input type="checkbox"/>            |
| 5.  | Toxic Pollutant Effluent Standards (40 CFR 129)   | <input type="checkbox"/>            |
| 6.  | General Pretreatment Regulations for Existing and New Sources (40 CFR 403)                          | <input checked="" type="checkbox"/> |
| 7.  | Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)         | <input type="checkbox"/>            |
| 8.  | Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)       | <input type="checkbox"/>            |
| 9.  | Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)                 | <input type="checkbox"/>            |
| 10. | Water Quality Standards   | <input type="checkbox"/>            |
| 11. | Effluent Limitations for Direct Dischargers   | <input type="checkbox"/>            |
| 12. | Permit Monitoring/Reporting Requirements  | <input checked="" type="checkbox"/> |
| 13. | Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants | <input checked="" type="checkbox"/> |
| 14. | Collection, Handling, Processing of Sewage Sludge   | <input type="checkbox"/>            |
| 15. | Oil Discharge Containment, Control and Cleanup  | <input type="checkbox"/>            |
| 16. | Standards Applicable to Indirect Discharges (Pretreatment)  | <input checked="" type="checkbox"/> |

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**Other Federal, State, Tribal or Local Water Pollution Control Regulations Not Listed Above (identify)**

17. Metal Finishing Effluent Guidelines 40 CFR 433 ☒
18. \_\_\_\_\_ ☐

**Drinking Water Regulations**

1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146) ☐
2. National Primary Drinking Water Standards (40 CFR 141) ☐
3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141) ☐
4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources ☐
5. Underground Injection Control Requirements ☐
6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems ☐

**Other Federal, State, Tribal or Local Drinking Water Regulations Not Listed Above (identify)**

7. \_\_\_\_\_ ☐
8. \_\_\_\_\_ ☐

**Toxic Substances**

1. Manufacture and Import of Chemicals, Record keeping and Reporting Requirements (40 CFR 704) ☐
2. Import and Export of Chemicals (40 CFR 707) ☐
3. Chemical Substances Inventory Reporting Requirements (40 CFR 710) ☐
4. Chemical Information Rules (40 CFR 712) ☐
5. Health and Safety Data Reporting (40 CFR 716) ☐
6. Pre-Manufacture Notifications (40 CFR 720) ☐
7. PCB Distribution Use, Storage and Disposal (40 CFR 761) ☐
8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762) ☐
9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775) ☐

**Other Federal, State, Tribal or Local Toxic Substances Regulations Not Listed Above (identify)**

10. \_\_\_\_\_ ☐
11. \_\_\_\_\_ ☐

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### **Pesticide Regulations**

1. FIFRA Pesticide Use Classification (40 CFR 162) ☐
2. Procedures for Disposal and Storage of Pesticides and Containers  
(40 CFR 165) ☐
3. Certification of Pesticide Applications (40 CFR 171) ☐
4. Pesticide Licensing Requirements ☐
5. Labeling of Pesticides ☐
6. Pesticide Sales, Permits, Records, Application and Disposal Requirements ☐
7. Disposal of Pesticide Containers ☐
8. Restricted Use and Prohibited Pesticides ☐

**Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)**

9. \_\_\_\_\_ ☐
10. \_\_\_\_\_ ☐

### **Environmental Clean-Up, Restoration, Corrective Action**

1. Comprehensive Environmental Response, Compensation and Liability  
Act (Superfund) (*identify*)  
\_\_\_\_\_  
\_\_\_\_\_ ☐  
\_\_\_\_\_ ☐
2. RCRA Corrective Action (*identify*)  
\_\_\_\_\_  
\_\_\_\_\_ ☐  
\_\_\_\_\_ ☐

**Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective  
Action Regulations Not Listed Above (*identify*)**

3. \_\_\_\_\_ ☐
4. \_\_\_\_\_ ☐

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